

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 22 AM 9:03

DOCUMENT # N93000004118 (6)

1. Corporation Name

ST. PIERRE AT WATERPARK PLACE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

SHANNON ENTERPRISES
2500 TAMiami TRAIL NORTH
SUITE #205
NAPLES, FL 33940

DO NOT WRITE IN THIS SPACE

WOODWARD, PIRES & ANDERSON, P.A.
801 LAUREL OAK DRIVE, SUITE 640
NAPLES FL 33963

3. Date Incorporated or Qualified 09/07/1993
3a. Date of Last Report 04/22/1994
4. FEI Number 65-0438869
Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 6825 Grenadier Blvd. 26 6825 Grenadier Blvd.

Suite, Apt. #, etc. Suite, Apt. #, etc.

23 Naples, FL 27 Naples, FL

24 33963 25 USA 29 33963 30 USA

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

WOODWARD, MARK J
WOODWARD, PIRES & ANDERSON, P.A.
801 LAUREL OAK DRIVE, SUITE 640
NAPLES FL 33963

10. Name and Address of New Registered Agent

81 Name James A. Shannon-Shannon Enterprises
82 Street Address (P.O. Box Number is Not Acceptable) 2500 Tamiami Trail North
83 Suite #205
84 City Naples FL 85 Zip Code 33940

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *James A. Shannon*

(NOTE: Registered Agent signature required when reinstating)

3-8-95
DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE PD
1.2 NAME FERRAO, AUBREY J
1.3 STREET ADDRESS 4001 TAMiami TRAIL, N., STE. 350
1.4 CITY-ST-ZIP NAPLES FL

2.1 TITLE PD
2.2 NAME WOODWARD, MARK J
2.3 STREET ADDRESS 801 LAUREL OAK DR., STE. 640
2.4 CITY-ST-ZIP NAPLES FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD Change Addition
1.2 NAME Warren Radler
1.3 STREET ADDRESS 2122 N. Hudson Ave.
1.4 CITY-ST-ZIP Chicago, IL 60614

2.1 TITLE SD Change Addition
2.2 NAME Cynthia Valeri
2.3 STREET ADDRESS 372 Ocean Avenue
2.4 CITY-ST-ZIP Marblehead, MA 01945

3.1 TITLE TD Change Addition
3.2 NAME John A. Hayes
3.3 STREET ADDRESS 4001 N. Tamiami Tr., Ste. 350
3.4 CITY-ST-ZIP Naples, FL 33940

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *James A. Shannon*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-8-95 813644-0315
DATE Chapter/Trace #